

FILED MAY 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 16818

318

1003

4299

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 50-yrs. d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4241 Maryland Ave.				e. STREET ADDRESS (If rural, give location) 19 4241 Maryland Ave. 2190			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Rhey		c. (Last) McCord	
5. SEX M. 0		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH June 16, 1877	
9. AGE (In years, months, days) 77		10. IF UNDER 1 YEAR 10		11. IF UNDER 1 HRS. 28		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing & Adv. Business				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME James Rhey		13b. MOTHER'S MAIDEN NAME Elizabeth McDonel		14. NAME OF HUSBAND OR WIFE Grace McCord			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M.B. Logie, 506 Cherry Ave., Webster Gr.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suffocation by Drowning</i> when yawned in bath tub at home at about 1:30 p.m. May 14 1955. DUE TO (b) <i>whether intentional or accidental could not be determined</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. MAJOR FINDINGS OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Open Verdict</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>E9290</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1955</i> , to <i>1955</i> , that I last saw the deceased <i>alive on</i> , 19 <i>55</i> , and that death occurred at <i>1455</i> m., from the causes and on the date stated above. <i>22</i>							
23a. SIGNATURE <i>Joseph M. Quinn</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>5/16/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 16 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Donnelly</i> 840 Lindell Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 469

P. O. Address 384 1st St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.